FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000000265 (5)**

1. Corporation Name
SUGARHILL FARMS, INC.

Principal Place of Business	Mailing Address
16244 E. AINTREE DR. LOXAHATCHEE FL 33470	16244 E. AINTREE DR. LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1059 "B" RD.	26 1059 "B" RD.
Suite, Apt. #, etc. 22 LOTAMA	Suite, Apt. #, etc. 27
City & State 23 LOXAHATCHEE FL	City & State 28 LOXAHATCHEE FL
Zip / Country 24 33470 / 25 USA	Zip / Country 29 33470 / 30 USA

4. FEI Number: 65-0541668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEERAMAN, SUNDAR 16244 E. AINTREE DR. LOXAHATCHEE FL 33470	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☑ Change ☐ Addition
NAME	MARAJ, SONNY	1.2 NAME	MARAJ, SONNY	
STREET ADDRESS	16244 E. AINTREE DR.	1.3 STREET ADDRESS	1059 "B" Rd.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	1.4 CITY-ST-ZIP	LOXAHATCHEE, FL. 33470	
TITLE	PT	2.1 TITLE	PT	☑ Change ☐ Addition
NAME	HEERAMAN, SUNDAR	2.2 NAME	HEERAMAN, SUNDAR	
STREET ADDRESS	16244 E. AINTREE DR.	2.3 STREET ADDRESS	1059 "B" Rd.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	2.4 CITY-ST-ZIP	LOXAHATCHEE, FL. 33470	
TITLE	VS	3.1 TITLE	VS	☑ Change ☐ Addition
NAME	HEERAMAN, LINDA	3.2 NAME	HEERAMAN, LINDA	
STREET ADDRESS	16244 E. AINTREE DR.	3.3 STREET ADDRESS	1059 "B" Rd.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	3.4 CITY-ST-ZIP	LOXAHATCHEE, FL. 33470	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	#Deposited by Bank	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

REMITTED BY MAY 1

5/1/95 MA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sonny R Maraj SONNY MARAJ 3/17/95 407-793-6640
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000429 FP